



State Employees' Charitable Campaign

SPECIAL EVENT

REPORT ENVELOPE

MAXIMUM **15** FORMS PER ENVELOPE

FOR CAMPAIGN ADMINISTRATORS

USE ONLY

Pick Up/Drop Off: ____/____/2020

UWD Representative: _____

UWD Andar Number: _____

PLEASE COMPLETE:

DEPARTMENT: _____

DDS CODE: _____

ADDRESS: _____ CITY/ZIP _____

NAME OF CAPTAIN: _____ PHONE NUMBER: _____

EMAIL OF CAPTAIN: _____

NAME OF EVENT: _____

SPECIAL EVENT MONIES ONLY

(Cash and Checks Only)

Name of Approved Charity	Agency 5-Digit Code	Total Cash	Total Checks	Total Gift
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
Total in Envelope		\$	\$	\$

By signing below, I am affirming the validity of this envelope face and content.

NOTE: Two (2) signatures (SEALED ENVELOPE) are required.

Chair: _____ Date: ____/____/2020

Captain: _____ Date: ____/____/2020

**Keep a Copy for Your
Records**

IMPORTANT REMINDER

A United Way representative will collect ALL SECC donations.

To schedule a pick-up, contact Tim Sheldon at 302-573-3784 or tsheldon@uwde.org.

Before donations can be collected, Chairs must email a copy of this SIGNED form to
Bridget Wallace: 302-672-5226, Bridget.Wallace@delaware.gov.

UNITED WAY OF DELAWARE USE ONLY

UWDE Account Manager Signature: _____			Date: _____	
	Audited	Deposited	Entered	Verify and Closed
Date				
Initials				